



ITAN
PATENT
Attorney Docket No. UM-08737

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Theodora Ross, *et al.*

Serial No.: 10/767,325

Filed: 01/29/2004

Entitled: Humoral Response to HIP1 in Cancer

Group No.: 1642

Examiner: Fetterolf

AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)(1)(i)(A)

I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is, on the date shown below, being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: March 20, 2006

By:

Mary Ellen Waite

Sir or Madam:

Transmitted herewith is an amendment for this application. The fee has been calculated as shown below.

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
Total Claims	9	-	15	0	X	50.00	\$0.00
Independent Claims	1	-	3	0	X	200.00	\$0.00

TOTAL DUE \$0.00

1. No fee is due at this time.
2. Please charge any deficiency in the payment of the required fee(s), including any fees necessary for extensions of time, or credit overpayment, to Deposit Account No. 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.

Dated: March 20, 2006

By:

David A. Casimir
Registration No. 42,395

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Serial No.: 10/767,324

MC File No.: UU-8737

By: TAP
MEW

In The Matter of the Application Of: ROSS

Date Mailed: 5-7-04

Due Date:

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<input checked="" type="checkbox"/> Form PTO-1449 w/ <u>29</u> Refs.	<input type="checkbox"/> Formal _____	<input checked="" type="checkbox"/> Deposit Account Auth. No.: 08-129.
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<input type="checkbox"/> Req. Under 37 CFR 1.821(e) to Use CRF from Prior Appln.	<input type="checkbox"/> Assignment _____	<input type="checkbox"/> _____
<input type="checkbox"/> Form PTOL-85B (Issue Fee Transmittal)	<input type="checkbox"/> Small Entity Declaration _____	<input type="checkbox"/> _____
<input type="checkbox"/> Advance Order: _____ Copies	<input type="checkbox"/> Amendment/Response _____	<input type="checkbox"/> _____
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